World No-Tobacco Day

World Health Organization

"Tobacco-free workplaces: safer and healthier"

31 MAY 1992

ADVISORY KIT 1992

World No-Tobacco Day

WHO SUPPORT FOR WORLD NO-TOBACCO DAY, 31 MAY 1992

"Tobacco-free workplaces: safer and healthier"

The following information has been compiled to support the celebration of the World No-Tobacco Day. It suggests activities to help promote the transmission of the message "Tobacco-free workplaces: safer and healthier". These activities will need to be adapted to the culture and tastes of every country and every community and to the special conditions and risks of individual industries or companies; they may help generate further ideas and make 31 May 1992 another successful World No-Tobacco Day.

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In addition...

to the present information kit, the World Health Organization intends to produce the following items as background material for the fifth World No-Tobacco Day:

- press releases;
- a video (12 minutes) on the theme "Smoke-free work places";
- a press kit, featuring articles, pictures, stickers and posters;
- radio recordings, to be made by various WHO experts on the subject of tobacco control.

If you are interested in any of the above, please ensure that you submit your order in advance (see list of WHO focal points for the day on the last page of this kit).

WORLD NO-TOBACCO DAY, 31 MAY 1992

Message from Dr Hiroshi Nakajima, Director-General of the World Health Organization

Day after day workers who smoke subject themselves to the harmful effects of tobacco; also to the combined effects of indoor air pollution and tobacco smoke. Furthermore, they threaten the health of their fellow workers, who could be the victims of passive smoking.

Decades of effort throughout the world have gradually improved safety at work. Only if these endeavours continue can workers be protected from risks to health inherent in their occupation. This progress should not be marred by the use of tobacco.

It is not acceptable that people who must work to earn their living should be subjected to added risk because of a useless and dangerous habit. Usually employees have little influence on their working conditions and, in particular, little defence against passive smoking, to which they are subjected in the very place where they go to work in order to support themselves and their families.

Work is a necessity, allowing human beings not only to provide for their needs but also to develop their creative skills. It occupies most of an adult's waking time. People have the right to work in a congenial atmosphere, in the cleanest possible air.

Not choking one's colleagues with smoke is a courtesy that often has to be formalized by regulation. It is equally an employer's duty to protect the health of colleagues and employees from risks that include passive smoking. Many legal and juridical measures endorse this obligation, and they reflect not only the risk of disease and death, but also the economic effect of smoking on the employer, in terms of absenteeism, industrial accidents and fires, which are a real menace even in agricultural areas.

The World Health Organization has already appealed successfully to the public authorities and to the civic sense of individuals in regard to smoking tobacco. On 31 May 1992 it will turn to workers and employers. I invite them especially to work with WHO in preparing this event, taking one more step towards a safer and healthier place of work.

Hiroshi Nakajima, M.D., Ph.D.
Director-General

READEX FICHE

World No-Tobacco Day

What is World No-Tobacco Day?

In view of the scientifically proven dangers of tobacco both for smokers and for non-smokers who inhale smoke produced by others, WHO has committed itself to fighting this menace. World No-Tobacco Day, celebrated on 31 May each year, is intended to discourage tobacco users from consuming tobacco and to encourage governments, communities, groups and individuals to become aware of the problem and to take appropriate action. In 1991, the emphasis was placed on smoking in public places and public transport, with the slogan: "Public places and transport: better be tobacco-free". In 1992, we will concentrate on smoking at work and on the need for combined action by governments, employees and employers: "Tobacco-free workplaces: safer and healthier".

What is the message for 31 May 1992?

The workplace – along with bed! – is the place where people spend most of their lives. So the least they can ask is to be able to breathe healthy air there, unpolluted by tobacco smoke. But as everyone knows this is far from being the case everywhere at present and many non-smokers have to share their office or workshop with one or more smoker colleagues. Working in a cloud of smoke can become a real torment; apart from the well-known harmful effects of passive smoking on the health of non-smokers, the discomfort caused by the smoke of others, already hard to put up with in a public place on a brief visit, becomes quite intolerable at work where people spend eight or more hours a day. Respiratory and other disorders are then likely to be compounded by stress and bad mood, resulting in increased absence from work and ultimately in lower output for the company; however, employers, directors and managers are not always sufficiently aware of this.

On the fifth World No-Tobacco Day, therefore, the aim will be to put across the message that everyone should have the right to work in an environment unpolluted by tobacco smoke. It will also be an opportunity to encourage leaders at all levels to take action. More and more companies are taking appropriate measures at the request of their employees or for economic reasons (see fact sheet). There are not always coercive measures aimed at banning or reducing tobacco consumption: some company managers have found ingenious ways of encouraging people to give up smoking of their own accord. For instance, some companies have started granting extra days of holiday to their non-smoking employees. This is one of a number of examples worth thinking about and imitating.

EVENT PLANNER

How is the message to be conveyed?

The events organized for World No-Tobacco Day lend themselves to media reporting: they can be filmed, discussed in radio interviews, photographed or reported in newspapers and magazines. All the activities – distributing information at the workplace, having main industries and companies observe the day or even declare their premises tobacco-free, displays of posters or photos – can become media events as long as national and local media (television, radio, newspapers and magazines) are contacted in good time. All gatherings in public places or at the workplace can be turned to advantage. The material distributed by WHO should be seen simply as a catalyst, a starting point for local activities whose only limits are the resources and talents of the local organizers. The aim is to inform not only the public but also decision-makers who could help combat smoking, especially along the lines of the year's theme.

Once you have decided what type of event you want to organize to celebrate World No-Tobacco Day, consider how you are going to organize it.

The following questions might be of use:

1

What is our purpose in organizing this event?

2

How can we gain the participation of the greatest number of people?

3

What media representatives – from the press, radio and television – should we contact right now, to tell them about the activities planned for World No-Tobacco Day?

4

What items should we have made: T-shirts, badges, posters, letters for the use of the organizers?

5

How can leading figures in the working community, employees and employers and families help us organize and celebrate World No-Tobacco Day?

6

What celebrities might agree to participate?

7

How could the media help with advance publicity for World No-Tobacco Day?

8

How can the events be organized so as to enable the press to write articles about it or take photographs?

9

How can action be sustained after World No-Tobacco Day in order to create a greater number of tobacco-free workplaces?

10

How can our work for this year's World No-Tobacco Day help us prepare for 31 May next year?

World No-Tobacco Day

WORLD NO-TOBACCO DAY 31 MAY 1992 "TOBACCO-FREE WORKPLACES: SAFER AND HEALTHIER"

Facts for action

I. Introduction

Tobacco kills at least 3 million people each year worldwide. In countries where smoking has been a long-established behaviour, about 90% of lung cancer deaths, 30% of all cancers and over 80% of cases of chronic bronchitis and emphysema are attributable to tobacco use, as are some 20-25% of coronary heart disease and stroke deaths. Numerous other adverse health conditions including respiratory diseases, peptic ulcers and pregnancy complications are also attributable to smoking. The adverse effects of smoking on pregnancy range from low birth weight to increased incidence of spontaneous abortions, prematurity, still-births and neonatal deaths. Low birth weight is one of the strongest predictors of infant mortality. Other long-term effects on the child include impaired physical and intellectual development. Tobacco used in smokeless forms, e.g. for chewing, snuff taking, etc., is a major cause of oral cancer in countries, mostly in the Indian subcontinent, where the behaviour is widespread. Smoking materials are also a leading cause of many industrial, forest and residential fires and fire-related casualties.

II. Tobacco-free work places: safer and healthier

The combined effect of smoking and occupational hazards has shown that there are significant differences between the morbidity of smokers and non-smokers in many occupations and that the interaction of the two types of hazards increase the risk of many diseases, particularly the chronic obstructive lung diseases, lung cancer, cardiovascular diseases, as well as disabilities. Tobacco smoking is not only dangerous to the smoker but to non-smokers as well. Besides the acute effects of eye and throat irritation caused by exposure to environmental tobacco smoke, passive smoking (see Section IV) increases the risk of lung cancer and possibly of cardiovascular disease in non-smokers. In the face of these threats posed by smoking, there has been increasing pressure for worldwide action to protect the freedom of nonsmokers from the hazards to which they are exposed when smoking is permitted in the workplace or any other public place.

Historically governments, employees and employers have adopted a variety of attitudes on the need and urgency to protect workers from the risks of smoking and passive smoking at work. However, over the past few years, the trend towards tobacco-free workplaces has accelerated and legislation, regulations and methods to liberate workplaces from tobacco have been devised. Featured below are highlights of facts, figures and situations from around the world which call for further action to promote tobacco-free workplaces.

III. Health effects of occupational hazards and smoking

Tobacco consumption is responsible for cancers, chronic obstructive pulmonary diseases and cardiovascular diseases; occupational health hazards are also a cause of mortality and morbidity from similar diseases. Workplace hazards and the dangers associated with smoking at work should not be separated, nor isolated from each other as there are several ways in which smoking and workplace-generated harmful agents can interact on human health (see Table 1).

Table 1

Major examples of interactions between occupation and cigarette smoking in causing disease

Occupation	Exposure	Disease	Smoking-occupation interaction
Asbestos workers, Construction workers and others in contact with asbestos	Asbestos	Lung cancer	Multiplicative
		Chronic lung disease (restrictive, obstructive)	Additive
Aluminium smelter workers	Polynuclear hydrocarbons	Bladder cancer	Additive or multiplicative
Aircraft and mining industry and many others	Noise	Loss of hearing and hearing acuity	Additive
Cement workers	Cement dust	Chronic bronchitis, obstructive lung disease	Additive
Chlorine manufacturing	Chlorine	Chronic obstructive lung disease	Additive
Coal miners	Coal dust	Chronic obstructive lung disease	Additive
Copper smelter workers	Sulphur dioxide	Chronic obstructive lung disease	Additive
	Arsenic	Lung cancer	Additive or multiplicative
Grain workers	Grain dust	Chronic bronchitis, obstructive lung disease	Additive
Organic chemicals	Carcinogens	Cancer of various organs and tissues	Additive or multiplicative
Rock cutters, foundry workers	Silica dust	Chronic obstructive lung disease	Additive
Textile workers	Cotton, hemp, flax, dust	Acute airway obstruction (byssinosis) chronic bronchitis	Possibly multiplicative
Uranium miners and many other miners in radioactive environment	Alpha radiation (Radon)	Lung cancer	Possibly multiplicative
Welders	Irritant gases, metal fume, dusts	Chronic bronchitis, obstructive lung disease	Additive

Elements taken from: Occupational Medecine, Appleton and Lange publishers.

a) Tobacco smoke can modify the risk associated with materials encountered in the workplace, in some cases causing a highly elevated risk

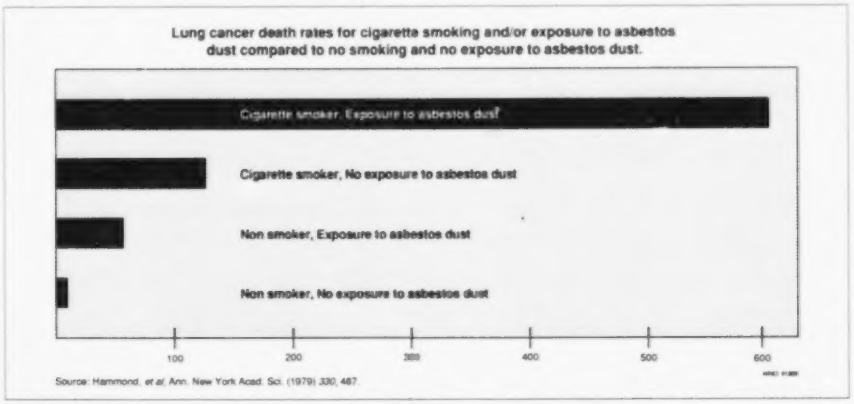
Asbestos dust inhalation causes lung cancer and a form of pulmonary fibrosis known as asbestosis. The combined effect of smoking and inhaling asbestos dust raises the risk of lung cancer to a far higher level than would be expected from just adding together the individual effects of each hazard, as is shown in the accompanying figure, as well as increasing the severity of asbestosis. Asbestos can be a hazard in a wide range of occupations because of its resistance to fire, heat and caustic substances. It is used in building materials, electrical and thermal insulation, fire and safety equipment.

The risk of emphysema and chronic bronchitis in coal miners who smoke is considerably elevated, and smoking increases the effects of pneumoconiosis.

In work generating silica dust such as mining, rock drilling, chipping, grinding or stone polishing, smoking adds to the risk of silicosis, chronic bronchitis and chronic obstructive lung disease.

It has also been found that smoking increases both the prevalence and severity of byssinosis in the textile industry. In farming, a reduction in pulmonary function has been associated with grain dust and smoking.

Cigarette smoke not only increases the amount of cancer caused by radon daughters which are encountered in many mining and underground operations, but increases the rate at which the cancers develop.


Lung cancer death rates for cigarette smoking and/or exposure to asbestos dust compared to no smoking and no exposure to asbestos dust.
Cigarette smoker, Exposure to asbestos dust
Cigarette smoker, No exposure to asbestos dust
Non smoker, Exposure to asbestos dust
Non smoker, No exposure to asbestos dust
100
200
300
400
500
600
Source: Hammond, et al, Ann. New York Acad. Sci. (1979) 330, 487.

(b) Chemical compounds associated with health risks are often found in both cigarette smoke and the working environment and each source augments the dose obtained from the other

Many gases and vapours occurring in cigarette smoke can also contaminate the atmosphere in various industries, for example: cigarette smoke is rich in carbon monoxide, found in many workplaces such as steel plants or ill-ventilated garages; formaldehyde, encountered in textile printing, foundries and laboratories; aliphatic aldehydes and ketones, found in the chemical industry, and work involving adhesives, lacquer and varnishes and paint spraying; acrolein occurring in the plastics, rubber and textile resins industries, and also a hazard of fire fighting; benzene and many other aromatic hydrocarbons and their derivatives found in the petrochemical, rubber, chemical, dyestuffs, detergents, adhesives and many other industries; ammonia and the oxides of nitrogen arising during fertilizer manufacture, in the chemical, paper and wood pulp industries, and in metal cleaning.

(c) Materials, transferred from the workplace onto smoking materials, which produce harmful materials when burnt during smoking

Many agricultural or industrial chemicals can come directly into contact with smoking materials, contaminate them and produce harmful effects when "smoked". For example, fluorine compounds used in sprays in certain industries can easily contaminate a cigarette and cause polymer fume fever which can lead to permanent lung damage.

(d) Occupational disabilities, such as those attributable to noise and vibration are enhanced by smoking

The prevalence of vibration white finger (Raynaud's phenomenon) in forestry workers has been linked with smoking. Smokers in noisy industry suffer greater loss of hearing acuity than non-smokers.

(e) Smoking material is often a threat to the safety of workers

Some worksites may present special problems with the issue of smoking whilst working; the risks of fire, explosions or pollution of the atmosphere are multiplied whenever tobacco is ignited. This applies to industrial sites but also to theatres and public transport such as aircraft.

Chewing is a very important form of tobacco use in the Indian subcontinent. It has also remained a practice among certain working groups in many countries, particularly when the nature of the working environment is such that smoking must be forbidden for safety reasons, as in coal mining and many sections of the chemical industry. It is also common in groups whose occupation requires the use of both hands leaving neither available to facilitate smoking. The fact that chewing tobacco also contains a large amount of harmful chemical compounds (e.g. nitrosamines) suggests that systemic effects can be expected.

IV. Passive smoking

Passive smoking is a unique risk for people, such as office workers, working in a closed environment. In the developed countries, tobacco smoke is the most common pollutant of indoor air and is usually present at higher concentrations than other air pollutants. Since most people spend a very high proportion of their time indoors, exposure to environmental tobacco smoke (ETS) is a serious health problem.

When hazardous materials are present in the workplace, non-smoking workers are also exposed to the same extent as are smokers and ETS could augment the effects of these hazards in the non-smokers. This particular effect of ETS can be illustrated by asbestos, the effects of which are greatly increased by tobacco smoke, because the likelihood of large numbers of people inhaling asbestos particles is, today, a consequence not only of working in a very wide range of industries but of urban life in general. ETS also substantially augments already existing indoor air pollution concentrations in the workplace of respirable particles and materials such as benzene, acrolein, N-nitrosamines, benzopyrene, nitrogen oxides and carbon monoxide. Thus the effects of passive smoking are superimposed on the detrimental effects on health of certain working conditions; the cumulative effects of hazards from the two sources being even more serious.

Important considerations in examining the risks of involuntary smoking (or passive smoking) are the composition of environmental tobacco smoke and its toxicity and carcinogenicity and the exposure (i.e. dose absorbed). Environmental tobacco smoke (ETS) has two constituents: *mainstream* cigarette smoke exhaled by the smoker and *sidestream* smoke, the smoke emitted by the burning tobacco between puffs. The comparison of the chemical composition of the smoke inhaled by active smokers with that inhaled by involuntary smokers suggests that the toxic and carcinogenic effects are qualitatively similar. However, as there is a greater dilution of sidestream smoke, greateramounts of many of the organic constituents of smoke, including some carcinogens, are generated when tobacco burns to form sidestream smoke than when mainstream smoke is produced. Furthermore, sidestream smoke particles are smaller than those of mainstream smoke and thus more easily reach all parts of the lungs.

The *health effects* associated with exposure to environmental tobacco smoke can be summarized as follows:

- Malignancy: Lung cancer.
- Respiratory symptoms and illnesses: Acute respiratory illness in early childhood; chronic cough, phlegm, and wheeze in children; chronic middle ear effusions in children; reduced levels and growth of lung function in children; reduced levels of lung function in adults; increased bronchial hyperresponsiveness (asthma); increased symptoms and decreased level of lung function in asthmatics.
- Irritant effects: Eye, nose, throat.
- Impaired childhood development: Low birth weight; slowed lung maturation; decreased attained height.
- Heart disease: Passive smoking increases the risk of coronary heart disease.

Individuals with preexisting health conditions, such as asthma, bronchitis, cardiovascular disease, rhinitis, colds and allergies, often report more severe reactions to environmental tobacco than do healthy adults.

Passive smoking and lung cancer

The most recent estimates of the relationship between passive smoking and lung cancer suggest that 20 to 30 per cent of cases with this disease in non-smokers derive from environmental tobacco smoke.

The International Agency for Research on Cancer (IARC) in Lyon, France, recently conducted a study on ETS exposure in 1 369 non-smoking women in 13 centres located in 10 countries (Canada, China, Germany, Greece, Hong Kong, India, Italy, Japan, Poland, and the United States). Exposure to ETS from spouses, at work, in public places, in vehicles and in any other indoor place were carefully investigated through a detailed questionnaire. Urine samples were collected and analysed for cotinine. Mean cotinine levels showed a clear linear increase from the group of women not exposed either at home or at work, up to the group of those exposed both at home and at work. Values were significantly higher for women exposed to ETS from the husband but not at work, than for those exposed at work but not from the husband. The results showed that the duration of exposure and the number of cigarettes to which the subject reported being exposed were strongly related to urinary cotinine. ETS exposure from the husband was better predicted by the number of cigarettes smoked per day, while exposure at work was more strongly related to the duration of exposure.

V. Smoking at work: an economic burden

Not only is smoking at the place of work injurious to the health of workers but it is a substantial economic burden to smokers, non-smokers, employers and society as a whole, and represents large avoidable expenses. Consequently, smoking control at the place of work will not only improve the health of workers but also reduce smoking-related costs such as those of:

- Direct medical care. In 1985, the US Department of Health and Human Services estimated that the total direct health care costs associated with smoking were US$ 34 billion per year.
- Absenteeism. In Canada it has been estimated that smoking employees are absent from 33% to 45% more than non-smokers.
- Fire, industrial accidents and the related increase for excess insurance costs. In 1984 in the United Kingdom, it was calculated that 6.5% of all fires on industrial premises arise from smoking materials. In Costa Rica in the first six months of 1991, 12.8% of all fires investigated were due to smoking material. In Brussels, after a fire in the chain store Innovation caused more than 300 deaths, the company enforced a complete ban on smoking in the workplace; according to data from the Brussels agglomeration one out of eight fires in 1984 was caused by smokers.
- Time spent on smoking. Not only will smoking decrease the productivity of smokers but it may disturb non-smokers and creates undue friction between workers.
- Maintenance. Smoking creates litter and necessitates more frequent renewal of decorations and furnishings, including filters in ventilation systems. Air Canada identified savings of about US$ 700 000 per year by not having to clean ashtrays and was able to extend the deep cleaning of its planes from six to nine months after implementing its tobacco-free policy.

Furthermore, smoking may limit the ability of workers to perform certain tasks and results in disability and early death. To these costs the unsuccessful special investments made by some employers in the hope of controlling tobacco-generated pollution of the air through various systems of air cleaning, should be added.

Atari recognizes increased productivity

At its subsidiary in the Federal Republic of Germany, Atari, the computer manufacturer, has for some time been giving six extra days of annual leave to its non-smoking employees.

Having decided at the beginning of 1985 to ban smoking in the workplace, the company provided some clearly-defined areas where those who so desired could smoke during two daily breaks of half an hour.

Since the overwhelming majority of non-smokers took no break and carried on working, the management decided a year ago to grant them an extra half day per month "non-smoker's" vacation.

The subsequent stage, beginning in July 1989, enabled the employees to take the monthly half days in two annual groups of three days' extra vacation.

Commenting on these measures, the Director of Personnel at Atari says, "We hope that our colleagues will benefit from this social advantage, and that much of their motivation will be the desire to preserve their health".

His wish, it seems, is being fulfilled, since almost 25% of the remaining smokers working at Atari have already given up their regrettable behaviour in order to qualify for the extra vacation.

VI. Tobacco smoke and ventilation in the workplace

Unlike homes, which usually rely on random ventilation, workplaces (industry or offices) are frequently equipped with complex ventilation systems. In reality, normal ventilation or air-conditioning is not enough to keep air tobacco-free. Air is usually recirculated for energy savings; recirculation avoids the costs of feeding through fresh air, which many have to be thermally and hydrologically conditioned. In general, filtration of indoor air does not remove environmental tobacco smoke contaminants effectively. Depending on the system and the season, up to 90% of used air may be recirculated. This air will be smoke-laden if there is smoking in the building. Filters remove dust but very few components of the cigarette smoke. The sub-micron particles and gases in cigarette smoke easily pass though filters used in normal ventilation and air-conditioning systems. These particles and gases are then recirculated throughout the building. Large, expensive air cleaners with high efficiencies for captured particles are capable of reducing, but not eliminating the environmental tobacco smoke particles in room air, and are not at all effective for gases, which contain most of the irritants. Thus, even expensive particulate air cleaners cannot remove enough particles in room air to eliminate the health risks from environmental tobacco smoke.

The workplace is thus often the place of greatest exposure for non-smokers. It also tends to be the place of longest involuntary exposure. In addition, non-smokers have least control over their environment at work, as most of them have to accept the conditions they find there. The recognition of this fact has prompted the progressive adoption of legislation and regulations.

VII. Tobacco-free workplaces and the law

Until recently many organizations that had introduced restrictions on smoking in the workplace had done so because there was a risk of fire, explosion or damage to property and equipment; as well as for hygiene considerations such as in the preparation of food. However, smoking and passive smoking are now recognized as causing health and safety risks that deserve to be overcome by a policy that provides tobacco-free air in the place of work. Such a policy will be implemented as various forms of regulations, whenever possible at the legislative level, but often as internal regulations at the place of work.

In the 1980s, laws and voluntary policies to restrict smoking at the workplace increased in number and strength. Some laws pertain only to government worksites; which, together with places of work where children are present, have often taken the lead. Others affect both government and private worksites. Present laws and policies are characterized by: banning smoking altogether, restricting smoking in common areas, such as cafeterias and meeting rooms; allowing smoking only in special smoking areas; and requiring accommodation of the interest of smokers and nonsmokers, with primacy given to the wishes of non-smokers. In addition, occupational health programmes are increasingly concerned with the synergistic effects of smoking and exposure to hazardous materials. These programmes may regulate smoking in worksites where hazardous materials are in use. For example, in 1976 Norway issued rules on protection against asbestos and prohibited assigning certain persons to work where they may be exposed to the effects of asbestos dust. These include persons under 18, persons suffering from chronic lung, bron-

New Zealand and the Smoke-free Environments Act 1990

In August 1990 New Zealand adopted comprehensive legislation for tobacco control. An important part of this legislation is the provision made for smoke-free indoor environments and, in particular, the measures proposed to prevent the detrimental effects of smoking on the health of people inside the workplace. Here are some highlights of these measures:

"...

5. Employers to have written policy on smoking:

(1) Every employer shall, within 3 months after the commencement of this Part of this Act, prepare a written policy on smoking for every workplace of that employer.

(2) In preparing the written policy, the employer shall consult with the employees affected, or with a representative of the employees nominated by them for the purposes of this Part of this Act.

(3) Every written policy prepared for the purposes of subsection (1) of this section shall be based on the principle that employees who do not smoke, or who do not wish to smoke in their workplace, shall, so far as is reasonably practicable, be protected from tobacco smoke in the workplace.

(4) Every written policy on smoking shall include, at the minimum, the following requirements:

(a) That smoking shall not be permitted:

(i) In lifts, or in office areas where more than 1 person works in a common air space; or

...

(iii) In any part of the workplace to which the public normally have access.

...

(c) The procedure for making complaints under this Part of this Act.

(5) The employer shall ensure that the written policy on smoking prepared for the purposes of subsection (1) of this section is reviewed in consultation with the employees or a representative of the employees at intervals of not more than 1 year.

..."

The law also envisages a system of investigations to deal with complaints in case of contraventions and determines fines in case of offences such as the failure by an employer to prepare a written policy on smoke-free premises.

chial, or heart disease, and persons who smoke. In 1988, Spain prohibited smoking in any place where a greater risk to the health of the worker exists from the combination of the harmfulness of tobacco and the prejudicial effects of industrial contamination. Spain also prohibits smoking in any occupational area where pregnant women work.

Increasingly, legislation restricting smoking at the worksite is expanding to cover private offices, factories, stores, and businesses. A number of countries (New Zealand, Norway and Sweden) have enacted such legislation at the national level. The 1991 French Law concerning tobacco and alcohol control prohibits smoking in all places designed for collective use, notably schools and means of public transport. Belgium, the Netherlands and Ireland have also passed laws prohibiting smoking in most public places. Other countries, such as Costa Rica, Cuba, Denmark, Iceland and Israel have taken legislative measures to restrict smoking in the workplace.

A noteworthy development in the effort to achieve tobacco-free worksites in the private sector has been the adoption and implementation of sub-national and local legislation and regulations. The experience of Canada and the United States illustrates this approach. In Canada, both provincial and municipal legislation limits smoking in private worksites.

The role of governments in developing such legislation is particularly important in countries where the harmful effects of tobacco consumption are not yet well known and/or where the health protection of workers is not yet well-established. Such legislation restricting smoking in the workplace will protect all workers, both smokers and non-smokers, particularly workers exposed to hazardous materials, and it will encourage people to recognize that exposure to environmental tobacco smoke at the worksite constitutes a negation of a safe working environment.

VIII. Promoting a tobacco-free workplace

Where basic working conditions are concerned it is still often *the role of the employees* to make it clear to management that change is both reasonable and necessary and that the dangers of tobacco consumption are real and immediate.

The tendency in many countries now is to admit that employees have both a moral and legal right to a tobacco-free workplace; and to the health and economic benefits not only of non-smokers but of smokers as well, and of employers. Surveys carried out in various types of worksites have confirmed this fact and have found that a majority of smokers would prefer a tobacco-free workplace.

Employees should be ready to defend their rights to a tobacco-free workplace; the law has been more and more on their side interpreting in the "tobacco-free" sense the obligation made in most countries for employees to have a safe and healthy place of work. In some countries cases of litigation in this area have confirmed, since the first case in 1976 in the United States (see box), the rights of employees to a tobacco-free workplace and awarded disability benefits, unemployment compensation benefits, injunctive relief and other judicial remedies to workers who suffer from exposure to smoke in the workplace.

Tobacco and the courts – the first US court case

In the 1970's a Bell Telephone Co. employee of 15 years' standing, with a good record, Donna Shimp, suffered severe allergic reactions even to low concentrations of tobacco smoke. She put up with it until she was transferred to a poorly ventilated office where seven out of 13 employees were heavy smokers. After a series of formal complaints to management, she was offered a job switch that involved a demotion and lower pay. Ms Shimp refused to accept what she considered to be a penalty. After exhausting all remaining grievance procedures, she launched a suit in the New Jersey Superior Court.

The judgment ordered Bell to provide Ms Shimp with safe working conditions, specifically by prohibiting smoking in its offices and customer service area. A key fact in persuading the judge to rule in Ms Shimp's favour was that the telephone company prohibited smoking near some of its sophisticated equipment; the judge said, "If such rules are established for machines, I see no reason why they should not be held in force for humans." What made the ruling so significant is that it was based, not primarily on Ms Shimp's allergy, but on common law principles applicable to non-smokers in general. Since the judgment has become a legal landmark in North America, it is worth quoting at some length:

"It is clearly the law in this state that an employee has a right to work in a safe environment. An employer is under an affirmative duty to provide a work area that is free from unsafe conditions. ... The evidence is clear and overwhelming. Cigarette smoke contaminates and pollutes the air, creating a health hazard not merely to the smoker but to all those around him/her who must rely upon the same air supply."

"The right of an individual to risk his or her health does not include the right to jeopardize the health of those who must remain around him or her in order to properly perform the duties of their jobs."

[Shimp v. New Jersey Bell, (App. Div. 1976)]

Promoting a tobacco-free workplace

In developed countries it has been shown that a larger percentage of the blue collar workforce smoked compared with white collar workers. In such conditions what is the stance taken by unions in smoking control in the place of work? Throughout the world trade unions have not been united in a single position on the issue. Some have not yet felt concerned about this important issue of workers' health; more specifically, there has been some opposition to discriminatory hiring practices against smokers and overreactive disciplinary actions against smokers. On the other hand, in many situations, unions have been fully supportive of workplace smoking policies and have even taken leadership roles. These actions reflect the union's recognition of cigarette smoking as an important health and safety issue.

In many countries the law makes it *the duty of employers* to provide and maintain a working environment for their employees that is safe and adequate as regards facilities and arrangements for the welfare of employees at work.

In recognition of these health and safety obligations and because of the growing demand for restrictions on smoking in the workplace from employees as nonsmoking increasingly becomes the societal norm, an increasing number of employers are introducing workplace smoking policies often in advance of any future legal requirements. Employers are also becoming concerned about labour and production cost increases, and the fact that if they do not act on passive smoking, they may be subject to litigation over time. Some companies and organizations also recognize that the introduction of a smoking policy enhances their corporate image. A review of such actions in some countries (Belgium, Canada, France, Germany, Greece, Italy, Mongolia, the Netherlands, Portugal, Spain and the United States) shows the creative strategies that companies have adopted, including prizes, bonuses, and extra holidays each year for nonsmoking employees equivalent to the time smokers take for smoking breaks.

An interesting way of recognizing the harmfulness of tobacco smoking at the place of work is the obligation imposed on employers in Japan by the revised occupational safety and hygiene regulations (with effect from 1 October 1988) to provide, within their health education programme, information on the biological effects of tobacco smoking.

Tobacco-free workplaces in the United States of America

The number of major companies restricting smoking in various workplace areas has risen from 16% in 1980 to 60% today. Of these:

- the proportion of companies which totally ban all smoking anywhere on their premises has jumped from 14% in 1988 to 25% in 1989
- today 38% of companies ban all smoking in their buildings, up from 25% just last year, and an additional 27% ban smoking in open offices, 30% in meeting rooms and hallways, and 31% in reception areas

[Smoking and Health Review, ASH, United States, 1991]

IX. How to create a Tobacco-free workplace

Governments at all levels and the private sector are increasingly adopting or strengthening tobacco-free policies at the place of work. Over the past few years some elements have been found critical for success in the elaboration and implementation of such policies:

- the first is to provide the right information to employers and employees on the dangers specific to the place of work concerned, linking the particular occupation and smoking.
- employee participation in the elaboration of the policy is a key to its implementation, while top management support is a condition to its follow-up. Ideally, a joint working group comprising representatives of management and employees, of smokers and non-smokers, should be set up to steer the development of the policy from the initial opinion survey to its implementation.
- prior notice of the forthcoming policy or a phasing-in period is important to allow changes of attitude; simultaneously, smoking cessation programmes should be offered.
- finally, the continuous administration of the policy includes, after its adoption, universal enforcement within the premises and possible adaptation and whenever necessary strengthening, over time.

Numerous practical guides, adapted to the special socio-economic and cultural background of individual countries, on how to create a tobacco-free workplace, have been elaborated on the basis of the current legislation and regulation in these countries. General principles on how to create a tobacco-free workplace are common to most of these guides and can be summarized as follows:

1. **Develop a plan:**
   Obtain support from management and employees, provide adequate information, give advance notice and offer assistance with quitting. Emphasize the advantages to both management and employees. Establish a Working Group including a wide range of management and employees.

2. **Review present policy:**
   Review the current policy. Research the present facilities for suitability for being turned into tobacco-free areas.

3. **Establish overall objectives of policy:**
   A written, formal policy is preferred. Do not commit to a specific policy until employee opinion and information have been assessed. Explore all policy options such as effecting environmental alterations (separating smokers with physical barriers); restricting employee smoking, a range within these extremes:
   (a) smoking permitted except in designated no-smoking areas,
   (b) smoking prohibited except in designated areas; banning employee smoking at the worksite and preferential hiring of non-smokers.

4. **Plan an information campaign:**
   This should commence prior to circulating the questionnaire and continue throughout and beyond the policy implementation date. Approach the issue as a health problem. Emphasize that it is smoking that is being controlled, not smokers. The issue is not about whether people smoke, but where they smoke. No one is forcing a smoker to quit.

5. **Assess the views of the workforce:**
   Survey the staff to find out the ratio of smokers to non-smokers, their attitudes and recommendations. The best guarantee that a non-smoking policy will be successful is that it reflects as closely as possible the wishes of the workforce. Make it clear that comments will be considered and included in any final decision.

6. **The policy:**
   Keep the ban simple. Be clear where and when smoking is or is not allowed. Consider providing alternatives for those who cannot change their smoking pattern overnight. Reaffirm the policy for those who break restrictions.

7. **Provide assistance with quitting:**
   When an employer introduces a corporate smoking policy, smokers' needs must be considered. Support and counselling should be offered as part of the policy. This needs to be planned and the available materials and human resources ascertained.

8. **Implement the policy:**
   Set a date for starting – about 12 weeks ahead. Put up No-Smoking signs, etc. Smoking restrictions and bans are generally self-enforcing, but self-enforcement will not be effective unless the policy is clearly indicated by signs and other notices; signs announcing that policy should thus appear at every main entrance of the facility and for places where smoking is restricted to designated smoking areas, signs should indicate where the designated smoking areas begin and end. Make this policy known when recruiting new employees.

9. **Keep the policy under review:**
   Evaluate at regular intervals and refine accordingly.

X. Conclusion

The potential public health impact of smoking restrictions in the place of work is vast. Recognizing that the workplace is an inappropriate place to smoke will reinforce non-smoking as the social norm; it may also increase substantially the cessation rate of smokers, and thus make an important contribution towards reducing the prevalence of smoking in the world.

While it is the role of governments to pass and enact legislation prohibiting smoking at the place of work, the role played by individuals, employers or employees, as promoters and supporters of government action, has proved important. However, the role of employers and employees is not just to promote and support government action, but to motivate and enact voluntary action by companies to ban or restrict smoking even in the absence of appropriate legislation. Their success should be published and emulated. Resources have to be mobilized to support tobacco control at the workplace as smoking still kills a large number of workers in the world. These deaths are everyone's responsibility.

Primary sources of documentation:

World Health Organization – information emanating from the Tobacco or Health programme and from the International Agency for Research on Cancer; International Labour Office information, US Surgeon General Reports; documentation from the Environmental Protection Agency (United States), the U.K. Health Education Authority, the Asian Consultancy on Tobacco Control and numerous nongovernmental organizations involved in tobacco control at the place of work.

World No-Tobacco Day

WORLD NO-TOBACCO DAY: WHAT ARE WE ACHIEVING?

The extent of the coverage given to World No-Tobacco Day 1991 confirmed for WHO that the message "Public places and transport: better be tobacco-free" had reached a large percentage of the world population. Reports already received at headquarters reflect a sense of efficacy in the measures taken for the celebration of the day, and confirm that World No-Tobacco Days are an important part of the tobacco control promotion that, in some countries, has seen a real decrease in the number of smokers and that it is a prime instrument for public information.

The long-term evaluation will of course be the legislative measures that have been taken to reduce smoking in public places and on public transport. Already it can be said that a number of governments and local authorities selected 31 May 1991 to officially announce or enact measures to prohibit smoking in public.

Furthermore, the significance of the day will also be measured by the number of people who have remained non-smokers even after World No-Tobacco Day has passed and by the number of people who have been protected from passive smoking due to the concerted action of WHO, governments and local organizers of these events.

The reports already received indicate that the *material produced by WHO for World No-Tobacco Day 1991* was extensively used. Information released for the day can be found in magazines, newspapers and various leaflets and pamphlets sent by individual countries. Amongst the material produced by WHO, specific mention has to be made of the poster which has not only been reproduced in innumerable articles but has also been modified to bear the specific names of countries, organizations, towns and local transport authorities; this was subject to agreement on the design. The poster was also "pirated" by several entities who replaced some of the famous buildings depicted on the poster with their own local buildings.

The theme chosen for World No-Tobacco Day 1991 was particularly easy to celebrate and local transport authorities, air carriers, national transport authorities easily picked up on the theme and gave it wide visibility through various events. Furthermore, this year's celebration received a mixture of support from scientific and lay backgrounds, e.g. universities, professional journals, daily newspapers or magazines and even children's comics.

Media coverage for the 1991 celebration of World No-Tobacco Day appears to have been more widespread and more detailed. Some countries have produced complete press reviews showing an extraordinary coverage by the press and audio media.

A selection of special events which took place to celebrate the fourth World No-Tobacco Day, 31 May 1991

"Public places and transport: better be tobacco-free"

Due to the advance production of this advisory kit information has only begun to flow in with reports of the celebration of World No-Tobacco Day 1991 in individual countries. However, from the reports already received it is interesting to see that there is a propagation of ideas from country to country on the methods of celebration of the World No-Tobacco Day*. We hope that the examples given below will assist other countries in the planning of future celebrations.

* *A more detailed analysis will be published by WHO in early 1992*

AFRICA

Algeria

In order to have widespread impact special emphasis was put on local celebrations and on the media. The Ministry of Health instructed directors of health services and social protection of all the wilayas (departments) to ensure a proper celebration of the day. It produced and published its own material which included a poster on passive smoking.

Extensive coverage was given to the theme of the day on all radio stations. A special TV spot was prepared based on the poster and a special documentary film was broadcast on national television on 31 May 1991. The TV coverage was also extended to the national news bulletin. A large number of interviews and editorials appeared in the local newspapers in French and Arabic.

THE AMERICAS

Brazil

To sensitize the population the Brazilian Ministry of Health distributed information sheets in public places and airports on 31 May 1991, urging people to avoid smoking in public places and reminding people of the laws, decrees and legislation to this effect already existing in Brazil; particular emphasis was placed on Order No. 731 promulgated for last year's World No-Tobacco Day.

The Brazilian media gave nationwide coverage to the day with live interviews and reports. The general emphasis was on what was happening in the public transport area.

On 31 May 1991, the coordination of cancer control programmes of the National Cancer Institute launched a campaign against smoking in public places and public transport and, with the support of the taxi drivers' union, distributed 30 000 "Thank you for not smoking" stickers to the taxi drivers in Rio de Janeiro. Educational folders were also distributed.

The Ministry of Health published a booklet on cessation methods for physicians in order to encourage them to influence their patients.

EASTERN MEDITERRANEAN

Pakistan

In Pakistan a large number of functions were held under the auspices of the national health authorities and presided by high level officials of the Ministry of Health and of the UN system. The written press covered the events of the day thoroughly; a large amount of the press information cited the high rate of smoking in certain areas of Pakistan. The appeal of the Director-General of WHO was widely reproduced by most of the newspapers. A seminar on the hazards of tobacco consumption was held prior to the World No-Tobacco Day by the Anti-tobacco Addiction campaign. Anti-smoking associations staged rallies where children participated.

EUROPE

France

The Minister of Health and the Comité français d'éducation pour la Santé issued a special survey on the evolution of smoking tendencies in France within the perspective of the adoption of the new law against smoking; a press conference was held to present the findings. The Ministry of Health, and the national Social Security and Social Insurance promoted activities aimed at reducing tobacco smoking in public. The Caisse nationale de l'Assurance maladie, thanks to its network (150 local and regional respresentations), was one of the prime instigators of the day. Various departmental and municipal health committees organized celebrations and competitions. A number of private enterprises also selected that day to declare their non-smoking policies.

The major television networks broadcast special programmes on the subject. There was exceptional coverage of the day by the radio stations and by the written media (more than 200 articles were published in the national and regional press).

SOUTH-EAST ASIA

Bangladesh

Despite the natural disaster experienced in Bangladesh just prior to World No-Tobacco Day 1991, the day was celebrated in all parts of the country. The circumstances gave rise to special posters stating "Take your tobacco money to the distressed". On the night of 30 May 1991 a television programme, in which leading people in public places and transport centres were interviewed, was broadcast. Messages were received from the President of the People's Republic of Bangladesh, the Prime Minister and the leader of the opposition. These messages were published in the newspaper and broadcast on electronic media.

Nurses and medical students who had been briefed were key partakers in the celebration of the day. Processions took place in the streets of Dhaka and other cities.

With 31 May 1991 falling on a Friday, the Imans of the national mosque addressed the congregation on the topic of the day with quotations from the holy Koran which strongly prohibits addiction of all types.

At a seminar organized at the press club, the Minister for Education and Cultural Affairs stressed the need for spreading education among the people to make them aware of the adverse effects of smoking; the Ministry of Health and Family Welfare and the anti-smoking association Adhunik were also involved.

Wide publicity was given in all the media, both print and electronic, and a large number of stickers and posters were evident in lifts, trains, offices, meeting places, etc.

WESTERN PACIFIC

Papua New Guinea

Prior to the celebration of World No-Tobacco Day 1991 seminars were held on tobacco abuse and education. An exhibition took place featuring tobacco education posters, brochures, non-smoking stickers and other materials; a new video on smoking and health was produced. A circular letter from the office of the Secretary of Health was distributed to all provincial health departments urging activities in observation of the day with an attached copy of the article of the WHO Regional Director for the Western Pacific.

On the day, material was distributed in English, and in Tok Pidgin; special programmes were produced for the radio and television.

For World No-Tobacco Day 1991 the National Health Education Advisory Committee of Papua New Guinea received a Tobacco or Health medal as an example of effective coordination among various sectors in its campaign to stop smoking.

WHO and the UN system

While the celebration in individual countries is the main purpose of the World No-Tobacco Days, the day was also marked, as in previous years, at WHO headquarters and in the regional offices. This celebration included the awarding of Tobacco or Health medals to individuals and institutions within the health field, who were selected for continuing commitment for research and/or health promotion activities at national and international levels and to individuals and institutions outside of the health field cited for achievement worthy of international recognition in promoting the concept of tobacco-free societies. In some cases this was completed with panel discussions, official ceremonies, press conferences and the screening of the WHO video produced for the day.

A special feature of this year's celebration was the extensive participation of the *United Nations information centres* throughout the world. They relayed information provided by WHO to individual countries and in a similar fashion transmitted details of events in countries back to WHO.

As in previous years all UN agencies, and particularly the VIC Centre in Vienna staged celebrations of the World No-Tobacco Day. Furthermore, this year a number of agencies of the UN system used the theme of the day to reinforce and extend their regulations regarding anti-smoking policies at the workplace.

Special mention should be made of UNDP which has reminded its country representatives and regional offices of the need to support and celebrate the day.

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* * *

Finally, the day was successfully celebrated thanks to the active involvement of a large number of *nongovernmental organizations*, who once again have proved to be essential and dynamic instigators in the World No-Tobacco Days.

WHAT IS THE IMPACT OF THE WORLD NO-TOBACCO DAY IN YOUR COUNTRY

On an individual basis:

WHO is encouraging countries to carry out "impact" evaluations of their World No-Tobacco Days. The first component of such an evaluation is to find out how many people stopped smoking and remained non-smokers. One of the best examples is still Norway where an evaluation was made through a survey on a representative population sample two weeks after the Day, and through extensive personal interviews made at random among daily smokers aged between 22 and 55 years one week after the Day. In summing up the results, it can be shown that 96% of the sample were aware of the existence of the Day and that one-third of the smokers acted upon it. It also shows that the role of the media was very important and that the World No-Tobacco Day in Norway had received a remarkable degree of attention with ensuing discussions among families, friends and colleagues, and a pronounced behavioural reaction among smokers. An interesting evaluation could be to select a large sample of smokers and conduct a survey two weeks after the Day to investigate how many have ceased smoking and repeat this survey after one year and again at intervals of four to five years during the next ten to twelve years.

The second purpose of the Day, vis-a-vis individuals, is to propagate information on the harmful effects of tobacco. Consequently, another "impact evaluation" that could be done would be to estimate the number of people reached by the news and information disseminated during the Day.

On a municipal, provincial or national basis:

At this level, it will be interesting to evaluate if the World No-Tobacco Day has triggered enough interest or has put enough pressure to warrant the passing of a law, bylaw, or regulation advancing the cause of tobacco-free societies. The attitude in major companies or public buildings (such as hospitals, schools or ministries) should also be considered.

Finally, the following questions will be useful to complement the evaluation of the World No-Tobacco Day on a large scale.

Has your government improved the official policy or programme addressing tobacco or health on the World No-Tobacco Day?

Has the amount of money allocated to the implementation of this policy/programme been increased?

Has the enforcement of the anti-tobacco measures taken in your country been improved because of the World No-Tobacco Day?

Has public knowledge regarding the harmfulness of tobacco been improved on this occasion?

Has the social acceptability of tobacco decreased because of the World No-Tobacco Day?

Has the general attitude of the public regarding tobacco regulations been affected by the World No-Tobacco Day; if so, how?

Future World No-Tobacco Days

WHO sees future World No-Tobacco Days as opportunities, not only to ask people to stop smoking for one day, but also to initiate research on specific themes, publish information, and initiate action. Just a quick glance at the list of themes for future World No-Tobacco Days shows what course of action will be pursued.

If you have enjoyed reading this information for World No-Tobacco Day 1992: "Tobacco-free workplaces: safer and healthier", perhaps you can help us prepare future editions of the advisory kit by sending material which could be the basis of our text. Here are the themes for the next World No-Tobacco Days.

- **1993**: "Health services, including health personnel, against tobacco"
- **1994**: "The media against tobacco"
- **1995**: "The economics of tobacco control"
- **1996**: "Sports and the arts without tobacco"
- **1997**: "The United Nations and specialized agencies against tobacco"

Let's make the preparation for World No-Tobacco Day a global endeavour!

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We inform you, please inform us!

To improve the quality of the information material provided by WHO for future World No-Tobacco Days, we need your feedback. It would thus be much appreciated if you could forward to the WHO Tobacco or Health programme, after the celebration of the Day, a short description of the activities which have been organized in your country or region to mark the fifth World No-Tobacco Day. This description could be substantiated by pictures, posters and newspaper articles or any other material used. Some ideas for this evaluation are given on pages 21 and 22. In addition, we will be glad to receive any official evaluation of the relevance and effectiveness of the information material forwarded by WHO for the occasion and the advice given through this advisory kit and the regional offices or the WHO representatives.